

# INDEX OF CLAIMS

CLAIM		DATE			
FINAL	ORIGINAL				
	151				
	152				
	153				
	154				
	155				
	156				
	157				
	158				
	159				
	160				
	161				
	162				
	163				
	164				
	165				
	166				
	167				
	168				
	169				
	170				
	171				
	172				
	173				
	174				
	175				
	176				
	177				
	178				
	179				
	180				
	181				
	182				
	183				
	184				
	185				
	186				
	187				
	188				
	189				
	190				
	191				
	192				
	193				
	194				
	195				
	196				
	197				
	198				
	199				
	200				

CLAIM		DATE			
FINAL	ORIGINAL				
	201				
	202				
	203				
	204				
	205				
	206				
	207				
	208				
	209				
	210				
	211				
	212				
	213				
	214				
	215				
	216				
	217				
	218				
	219				
	220				
	221				
	222				
	223				
	224				
	225				
	226				
	227				
	228				
	229				
	230				
	231				
	232				
	233				
	234				
	235				
	236				
	237				
	238				
	239				
	240				
	241				
	242				
	243				
	244				
	245				
	246				
	247				
	248				
	249				
	250				

CLAIM		DATE			
FINAL	ORIGINAL				
	251				
	252				
	253				
	254				
	255				
	256				
	257				
	258				
	259				
	260				
	261				
	262				
	263				
	264				
	265				
	266				
	267				
	268				
	269				
	270				
	271				
	272				
	273				
	274				
	275				
	276				
	277				
	278				
	279				
	280				
	281				
	282				
	283				
	284				
	285				
	286				
	287				
	288				
	289				
	290				
	291				
	292				
	293				
	294				
	295				
	296				
	297				
	298				
	299				
	300				

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 \* ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

Claim	Date
Final Original	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

Claim	Date
Final Original	
101	
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	
149	
150	

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)